بسم الله الرحمن الرحيم

عنوان المحاضرة: Lower Genital Tract Infections

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Protective Mechanisms against Infections:

1-Vaginal Acidity: due to lactobacilli under the effect of estrogen
*So when there is low estrogen infections may occur, e.g. pre-pubertal & postmenopausal

2-Mucus plug of the cervix during pregnancy

3-Strong stratified squamous epithelium of vagina & cervix

4-Position of labia that cover the other parts of the vulva

5-Monthly Shedding of the uterine endometrium

Trichomoniasis

Epidemiology:

-CO: Trichomonas vaginalis (flagellated protozoan) -It is a sexually transmitted infection

C/P:

-Asymptomatic in 10 - 15 & of cases -Vaginal discharge: Frothy, Greenish and Offensive

-Vulval itching & Soreness -Dysuria -Cervix may have strawberry appearance

Diagnosis: -Wet smear -Culture

Complications: -may enhance HIV transmission

Implications in pregnancy:

-Associated with: -PTD (Preterm delivery) -LBW (Low birth weight)

-May be acquired perinatally is 5% of babies born to infected mothers

Treatment:

-Metronidazole 2 gm orally in a single dose (or Metronidazole 400 mg daily for 5 – 7 days)

-Contact tracing & treatment of partner -Avoid Intercourse during course of treatment

Candidiasis

Epidemiology:

-CO: Candida Albicans (Yeast like fungus) -It is NOT a sexually transmitted disease

-70% of women will expert it at a certain point of their life

-20 – 40 % of women are chronic carriers

Predisposing Factors:

-Antibiotics -Pregnancy -High dose of COCP (combined oral contraceptive pills) -DM -Anemia

C/P: -Asymptomatic -Vulval Itching & Soreness -Dysuria -Superficial Dyspareunia
-Vaginal Discharge: Thick, White and Curd-like

Diagnosis:

-Characteristic appearance of:
- Vulval & vaginal erythema
- Vulval fissuring
- Typical white plaques adherent to vaginal wall

-Culture -Wet Smear → Hyphae and Pseudo-spores

Implications in pregnancy:

-Very common with no apparent adverse effects

-Topical imidazoles aren't systematically absorbed → safe for all gestational ages

Treatment:
-Treated only if Symptomatic
-Simple measures may help to decrease recurrence:
1-Cotton underwear 2-Avoid chemical irritation e.g. Soaps 3-Wiping vulva from front to back
***Vaginal Douches are OBSOLETE: -Wetting→ ↑Candida growth -↑Ascending infections -Carcinogenic
-Imidazole derivaives:
▪Local: Pessaries or Cream ▪Systematic: for Virgins & Severe recurrent cases

Bacterial Vaginosis:

Epidemiology:
-It is caused by overgrowth of mixed anaerobes including (Gardnerella & Mycoplasma Hominis) which replace the normally dominated vaginal lactobacilli
-It is NOT a sexually transmitted infection
-More common with: ▪Termination of pregnancy ▪IUCD ▪PID

C/P:
-Asymptomatic -Vaginal Discharge: Profuse, Whitish grey and Offensive
-Characteristic fishy smell after intercourse (due to the reaction of bacteria with the alkaline semen)

Diagnosis:
-Vaginal pH > 5.5 (Normally 3.8 - 4.5)
-Whiff test (Several drops of a KOH added to a sample of vaginal discharge → Strong fishy odor)
-Clue cells in microscopic examination

Complications: -Associated with ↑ risk of pelvic infection after gynecological surgery

Implications in pregnancy:
-Associated with ↑ risk of: -Second trimester miscarriage -PPROM -PTD
**PROM x PPROM
-PROM: Prelabor rupture of membranes = ROM beyond 37 wks
-PPROM: Preterm Premature rupture of membranes = ROM prior to 37 wks

Treatment:
-Metronidazole 400 mg orally for 5 days or 2 gm orally single dose
-Clindamycin 2% cream vaginally at night for 7 days